



TOWN OF WARRENTON

120 - 11/20/10 11-29-10
POST OFFICE DRAWER 341
WARRENTON, VIRGINIA 20188-034
www.warrentonva.gov
TELEPHONE (540) 347-1101
FAX (540) 349-2414
TDD 1-800-828-1120

September 28, 2010

Ms. Joan C. Crowther
VPDES Permit Writer
Department of Environmental Quality
Northern Virginia Regional office
13901 Crown Court
Woodbridge, VA 22193

Re: Reissuance of VPDES Permit No. VA0058793
Warrenton Water Treatment Plant – Fauquier County

Dear Ms. Crowther:

Enclosed please find an original and two copies of the permit application for the Town of Warrenton's Water Treatment Facility. Pursuant to your letter of September 15, 2010, EPA Form 1, Part XII has been corrected and the Public Notice Billing Information form has been completed and is attached. Also, as requested, EPA Form 2C has been re-certified as of this date.

Should you have any additional questions or comments, please feel free to contact me.

Sincerely,

Edward B. Tucker, Jr., P.E.
Director of Public Works and Utilities

/jm
Enclosures

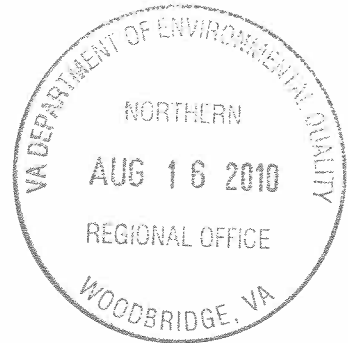


TOWN OF WARRENTON

POST OFFICE DRAWER 341
WARRENTON, VIRGINIA 20188-0341
www.warrentonva.gov
TELEPHONE (540) 347-1101
FAX (540) 349-2414
TDD 1-800-828-1120

August 12, 2010

Ms. Joan C. Crowther
VPDES Permit Writer
Department of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193



Re: Reissuance of VPDES Permit No. VA0058793
Warrenton Water Treatment Plant – Fauquier County

Dear Ms. Crowther:

Enclosed please find an original and two copies of the permit application for the Town of Warrenton's Water Treatment Facility.

If you have any questions or comments, please free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "E. B. Tucker, Jr.", written over a horizontal line.

Edward B. Tucker, Jr., P.E.
Director of Public Works and Utilities

/jm
Enclosures

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Mr. Edward B. Tucker, Jr.

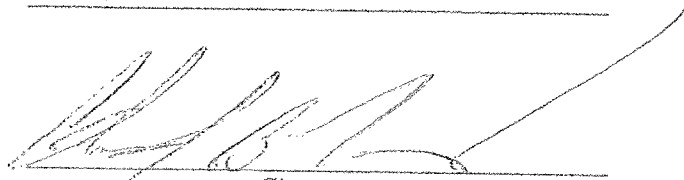
Owner: Director of Public Works/Utilities
Town of Warrenton

Applicant's Address: P.O. Drawer 341

Warrenton, VA 20188-0341

Agent's Telephone Number: (540) 347-1858

Authorizing Agent:


Signature

VPDES Permit No. VA0058793
Town of Warrenton Water Treatment Plant

Please return to:

Joan C. Crowther
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821

FORM 1 GENERAL				U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Construction and Permits Program <i>(Read the "General Instructions" before starting.)</i>		I. EPA I.D. NUMBER S F V0003793 T/A D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
I. EPA I.D. NUMBER							
III. FACILITY NAME							
V. FACILITY MAILING ADDRESS							
VI. FACILITY LOCATION							
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS				SPECIFIC QUESTIONS			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
III. NAME OF FACILITY 1 SKIP TOWN OF WARRENTON WATER FILTRATION PLANT							
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) 2 TUCKER EDWARD DIRECTOR B. PHONE (area code & no.) 5 4 0 3 4 7 6 5 7 4							
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 PODRAWER 341 B. CITY OR TOWN 4 WARRENTON C. STATE VA D. ZIP CODE 20188							
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 7240 BLACKWELL ROAD B. COUNTY NAME FAUQUIER C. CITY OR TOWN WARRENTON D. STATE VA E. ZIP CODE 20186 F. COUNTY CODE (if known)							

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND				C. THIRD				D. FOURTH			
7 4941 (specify) For Water Supply Facility				7 (specify) N/A				7 (specify) N/A				7 (specify) N/A			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
TOWN OF WARRENTON															
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)															
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				M (specify) Public				D. PHONE (area code & no.) A 540 347 6574			
E. STREET OR P.O. BOX PO DRAWER 341															

F. CITY OR TOWN WARRENTON												G. STATE VA		H. ZIP CODE 20188		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
------------------------------	--	--	--	--	--	--	--	--	--	--	--	----------------	--	----------------------	--	--	--

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) 9 N VA0058793												D. PSD (Air Emissions from Proposed Sources) 9 P N/A											
B. UIC (Underground Injection of Fluids) 9 U N/A												E. OTHER (specify) 9 N/A (specify)											
C. RCRA (Hazardous Wastes) 9 R N/A												E. OTHER (specify) 9 N/A (specify)											

XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The Town of Warrenton currently returns the supernatant to the head of the plant for use as raw water. During those times when the manganese level in the drain storage tank makes this alternative unfeasible, the supernatant is sent to the Sewer Treatment Facility by way of the sludge pump. Issuance of this permit will allow the Town the flexibility to utilize the settled water (if the manganese level so allows) or return the water to the reservoir. At no time will the settled sludge be sent to the reservoir. The sludge is pumped to the sewer collection system. There is a foot differential between the suction line for the sludge pump and the supernatant return to the reservoir line which will not permit sludge to be returned to the reservoir, even by accident.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) Edward B. Tucker, Jr. Director of Public Works/Utilities		B. SIGNATURE 		C. DATE SIGNED 8/13/10	
---	--	--	--	---------------------------	--

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VA0058793

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM
2C
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38°	44'	26"	77°	47'	25"	Cedar Run (Warrenton Reservoir)

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUT-FALL NO. (<i>list</i>)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (<i>list</i>)	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	Filter Backwash:	100,000 gallons	Sedimentation in Drain	1-U
	Backwash Water from washing two filters,	per day at frequency of one	Storage Tank	
	once per week.	days per week.		
	Sedimentation Tank; Settled sludge from sedimentation process: Tanks have sludge drawn off each day.	11,825 gallons per day at a frequency of one day per week.	Sedimentation in Drain Storage Tank	1-U

OFFICIAL USE ONLY (effluent guidelines sub-categories)

OFFICIAL USE ONLY (effluent guidelines sub-categories)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
001	Filter Backwash and Sedimentation Tank (See Section II A & B)	1	1	.103	.200	.103MG	200MG	1

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)☒ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Edward B. Tucker, Jr.
Director of Public Works and Utilities

B. PHONE NO. (area code & no.)

540-347-6574

C. SIGNATURE

D. DATE SIGNED

8/13/2010

Re-Certified:

9/28/10

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
VA0058793

OUTFALL NO.
001

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	7	0.59					1	mg/l	kg			
b. Chemical Oxygen Demand (COD)	25	2.11					1	mg/l	kg			
c. Total Organic Carbon (TOC)	8	0.67					1	mg/l	kg			
d. Total Suspended Solids (TSS)	<1	<0.08					1	mg/l	kg			
e. Ammonia (as N)	0.8	0.07					1	mg/l	kg			
f. Flow	VALUE	0.0223MGD (EST.)		VALUE		VALUE	1			VALUE		
g. Temperature (winter)	VALUE			VALUE		VALUE	1	°C		VALUE		
h. Temperature (summer)	VALUE	30°C		VALUE		VALUE	1	°C		VALUE		
i. pH	MINIMUM 6.47	MAXIMUM 6.47	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24859-67-9)		X												
b. Chlorine, Total Residual	X		0.0	0.0					1	mg/l	kg			
c. Color	X		<5						1					
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.22	0.02					1	mg/l	kg			
f. Nitrate-Nitrite (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT				4. UNITS		5. INTAKE (optional)				
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS
g. Nitrogen, Total Organic (as N)	X		1.4	0.12					1	mg/l	kg		
h. Oil and Grease		X											
i. Phosphorus (as P), Total (7723-14-0)		X											
j. Radioactivity													
(1) Alpha, Total		X											
Beta, Total		X											
(2) Radium, Total		X											
Radium 226, Total		X											
k. Sulfate (as SO ₄) (14808-79-8)	X		36	3.04					1	mg/l	kg		
l. Sulfide (as S)		X											
m. Sulfite (as SO ₃) (14265-45-3)		X											
n. Surfactants		X											
o. Aluminum, Total (7429-90-5)	X		0.085	0.007					1	mg/l	kg		
p. Barium, Total (7440-39-3)		X											
q. Boron, Total (7440-42-9)		X											
r. Cobalt, Total (440-48-4)		X											
s. Iron, Total (39-89-6)	X		0.07	0.006					1	mg/l	kg		
t. Magnesium, Total (7439-95-4)		X											
u. Molybdenum, Total (7439-98-7)	X		<0.005	<0.004					1	mg/l	kg		
v. Manganese, Total (7439-96-5)	X		5.13	0.43					1	mg/l	kg		
w. Tin, Total (7440-31-5)		X											
x. Titanium, Total (7440-32-6)		X											

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

VA0058793

001

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. If you mark column 2c for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4, 8-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1)	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
					(1)	(2) MASS	(1)	(2) MASS				(1)	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS														
1M. Antimony, Total (7440-36-0)			X											
2M. Arsenic, Total (7440-38-2)			X											
3M. Beryllium, Total (7440-41-7)			X											
4M. Cadmium, Total (7440-43-8)			X											
5M. Chromium, Total (7440-47-3)			X											
6M. Copper, Total (7440-50-8)			X											
7M. Lead, Total (7439-92-1)			X											
8M. Mercury, Total (7439-97-8)			X											
9M. Nickel, Total (7440-02-0)			X											
10M. Selenium, Total (7782-49-2)			X											
11M. Silver, Total (7440-22-4)			X											
12M. Thallium, Total (7440-28-0)			X											
13M. Zinc, Total (7440-66-6)			X											
14M. Cyanide, Total (57-12-5)			X											
15M. Phenols, Total			X											
DIOXIN														
2,3,7,8-Tetra-chlorodibenzo-P-dioxin (1784-01-8)			X											

DESCRIBE RESULTS

EPA Form 3510-2C (8-90)

PAGE V-3

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloro- methyl) Ether (542-88-1)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon tetrachloride (29-52-5)			X													
7V. Chlorobenzene (98-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylmethyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)			X													
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-67-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)												
22V. Methylene Chloride (75-09-2)			X									
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X									
24V. Tetrachloroethylene (127-18-4)			X									
25V. Toluene (108-88-3)			X									
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X									
27V. 1,1,1-Trichloroethane (71-55-6)			X									
28V. 1,1,2-Trichloroethane (78-00-5)			X									
28V. Trichloroethylene (79-01-6)			X									
30V. Trichlorofluoromethane (75-68-4)			X									
31V. Vinyl Chloride (75-01-4)			X									
GC/MS FRACTION - ACID COMPOUNDS												
1A. 2-Chlorophenol (95-57-8)			X									
2A. 2,4-Dichlorophenol (120-83-2)			X									
3A. 2,4-Dimethylphenol (105-67-9)			X									
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X									
5A. 2,4-Dinitrophenol (51-28-5)			X									
6A. 2-Nitrophenol (88-75-5)			X									
7A. 4-Nitrophenol (100-02-7)			X									
8A. P-Chloro-M-Cresol (59-50-7)			X									
9A. Pentachlorophenol (87-86-5)			X									
10A. Phenol (108-95-2)			X									
11A. 2,4,6-Trichlorophenol (88-05-2)			X									

EPA Form 3510-2C (8-90)

PAGE V-5

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
1B. Acenaphthene (83-32-9)			X													
2B. Acenaphthylene (208-96-8)			X													
3B. Anthracene (120-12-7)			X													
4B. Benzidine (92-87-5)			X													
5B. Benzo (a) Anthracene (79-55-3)			X													
6B. Benzo (a) Fluorene (50-32-8)			X													
7B. 3,4-Benzo- fluoranthene (5-99-2)			X													
8B. Benzo (ghi) Perylene (191-24-2)			X													
9B. Benzo (k) Fluoranthene (207-08-9)			X													
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X													
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X													
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X													
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X													
14B. 4-Bromophenyl ethyl Ether (1-55-3)			X													
15B. Butyl Benzyl phthalate (85-86-7)			X													
16B. 2-Chloro- nthalene (58-7)			X													
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X													
18B. Chrysene (218-01-9)			X													
19B. Dibenz (a,h) Anthracene (53-70-3)			X													
20B. 1,2-Dichloro- benzene (95-50-1)			X													
21B. 1,3-Dichloro- benzene (541-73-1)			X													

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT				4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	
					(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION			(1) AVERAGE VALUE	(2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)												
22B. 1,4-Dichloro- benzene (106-46-7)			X									
23B. 3,3-Dichloro- benzidine (91-94-1)			X									
24B. Diethyl Phthalate (84-66-2)			X									
25B. Dimethyl Phthalate (131-11-3)			X									
26B. Di-N-Butyl Phthalate (84-74-2)			X									
27B. 2,4-Dinitro- toluene (121-14-2)			X									
28B. 2,6-Dinitro- toluene (606-20-2)			X									
29B. Di-N-Octyl Phthalate (117-84-0)			X									
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X									
31B. Fluoranthene (206-44-0)			X									
32B. Fluorene (86-73-7)			X									
33B. Hexachloro- benzene (118-74-1)			X									
34B. Hexachloro- butadiene (87-68-3)			X									
35B. Hexachloro- cyclopentadiene (77-47-4)			X									
36B. Hexachloro- ethane (67-72-1)			X									
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X									
38B. Isophorone (78-59-1)			X									
39B. Naphthalene (91-20-3)			X									
40B. Nitrobenzene (98-95-3)			X									
41B. N-Nitro- sodimethylamine (62-75-9)			X									
42B. N-Nitrosodi- N-Propylamine (621-84-7)			X									

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - PESTICIDES															
43B. N,N-litro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION - PESTICIDES															
Adin (109-00-2)			X												
α-BHC (19-84-6)			X												
β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-8)			X												
7P. 4,4'-DDT (50-28-3)		X		<0.1	<0.008					1	ug/l	gr			
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
α-Endosulfan (5-29-7)			X												
β-Endosulfan (5-29-7)			X												
γ-Endosulfan (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)		X		<0.1	<0.008					1	ug/l	gr			
16P. Heptachlor (76-44-8)			X												

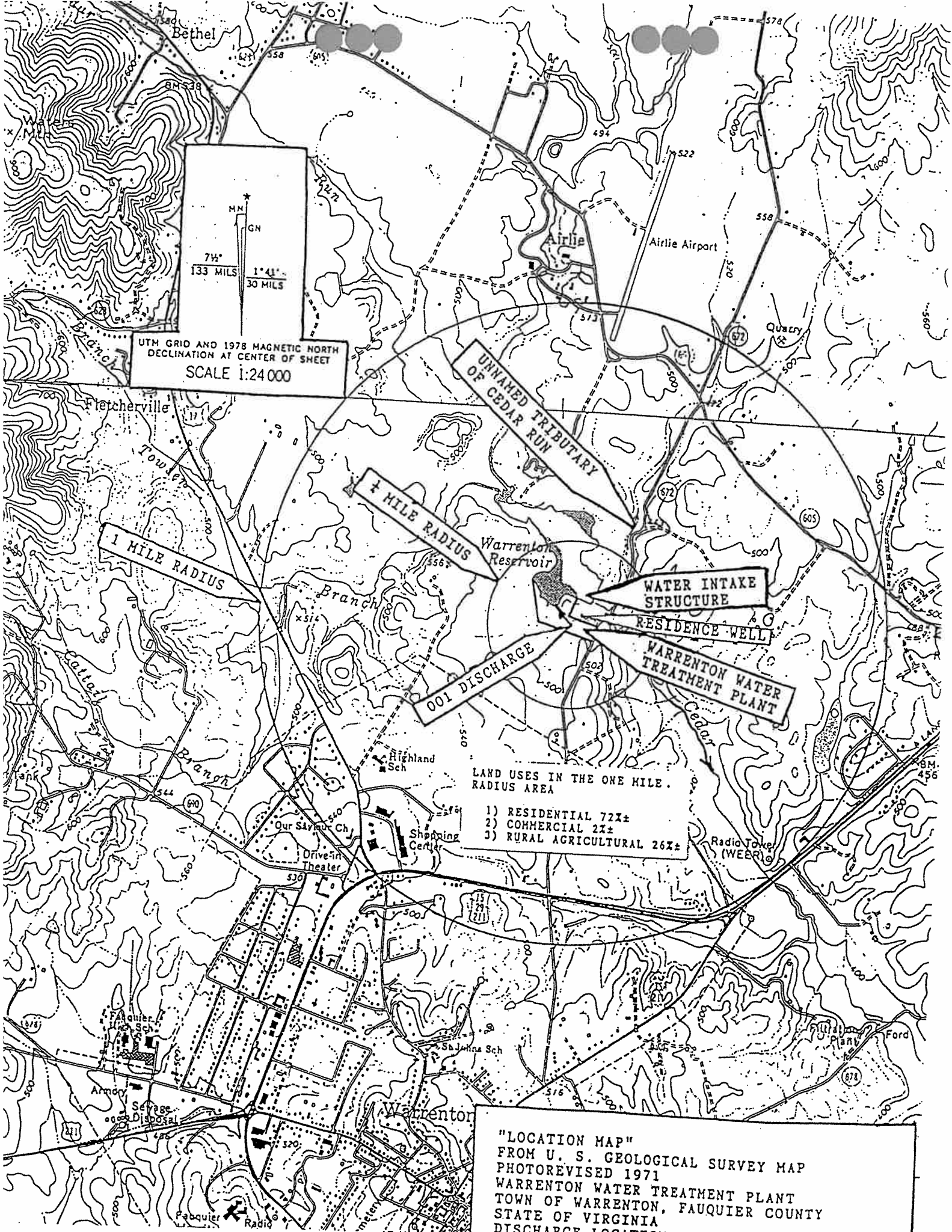
EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
VA0058793	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53489-21-8)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

EPA Form 3510-2C (8-90)

PAGE V-9



UTM GRID AND 1978 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET
SCALE 1:24 000

LAND USES IN THE ONE MILE RADIUS AREA

- 1) RESIDENTIAL 72%±
- 2) COMMERCIAL 2%±
- 3) RURAL AGRICULTURAL 26%±

"LOCATION MAP"
FROM U. S. GEOLOGICAL SURVEY MAP
PHOTOREVISED 1971
WARRENTON WATER TREATMENT PLANT
TOWN OF WARRENTON, FAUQUIER COUNTY
STATE OF VIRGINIA
DISCHARGE LOCATION LATITUDE 38° 41' 22"

WARRENTON WATER FILTRATION PLANT

Backwash Water
Storage Tank

150,000
gals.

2 Gravity Filtration
Units

Finished Water to
Distribution System

Settled Sludge to
Warrenton Wastewater
Treatment Facility

← .025 MGD

Settled Sludge

Backwash Water
.02 MGD

Drain Storage Tank

Supernatant

Approx.
250,000
gals.

Approx. 200,000
Supernatant 50,000
Settled Sludge

2 Sedimentation Tanks
179,000 gals. Each

Settled Sludge

← .002 MGD

Warrenton
Reservoir
Approx. 120-125
MG

Copper Sulfate
Addition .25 PPM

2 Flocculation Tanks
26,000 gals. Each

1 Flash Mix Tank
950 Gals.

.4 MGD Flow Rate during
Recycling (once or
twice Weekly)

Supernatant Return to Head
of Plant

Raw Water Pumping
Station

Potassium Permanganate
Addition .09 PPM

Alum Addition - 2.92 GPG
Lime Addition - .09 GPG
CL₂ Addition - 6.0 PPM

2 MGD - Normal Operation Flow Rate
16 MGD - When Recycling Flow Rate

FACILITY NAME: Town of War

VPDES PERMIT NUMBER: VA0058793

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☐ Yes ☒ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?
☐ Yes ☐ No

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal).

FACILITY NAME: Town of Warrenton

VPDES PERMIT NUMBER: VA0058793

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Town of Warrenton
- b. Contact person: Edward B. Tucker, Jr.
Title: Director of Public Works and Utilities
Phone: (540) 347-1858
- c. Mailing address:
Street or P.O. Box: P.O. Drawer 341
City or Town: Warrenton State: VA Zip: 20188
- d. Facility location:
Street or Route #: 7240 Blackwell Road
County: Fauquier
City or Town: Warrenton State: VA Zip: 20186
- e. Is this facility a Class I sludge management facility? Yes X No
- f. Facility design flow rate: N/A mgd
- g. Total population served: 11,292
- h. Indicate the type of facility:
 Publicly owned treatment works (POTW)
 Privately owned treatment works
 Federally owned treatment works
 Blending or treatment operation
 Surface disposal site
X Other (describe): Water Filtration Plant

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: _____
- b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- c. Contact person: _____
Title: _____
Phone: (_____) _____
- d. Is the applicant the owner or operator (or both) of this facility?
X owner X operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?
X facility applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0058793
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____
N/A _____
N/A _____

FACILITY NAME: Town of WVPDES PERMIT NUMBER: VA0058793

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes X No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
- Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? Yes X No

If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: _____

Mailing address: _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

Phone: (_____) _____

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge: _____

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	N/A			
Cadmium	N/A			
Chromium	N/A			
Copper	N/A			
Lead	N/A			
Mercury	N/A			
Molybdenum	N/A			
Nickel	N/A			
Selenium	N/A			
Zinc	N/A			

FACILITY NAME: Town of Warrenton

VPDES PERMIT NUMBER: VA0058793

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

 X Section A (General Information)

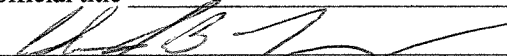
 Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

 Section C (Land Application of Bulk Sewage Sludge)

 Section D (Surface Disposal)

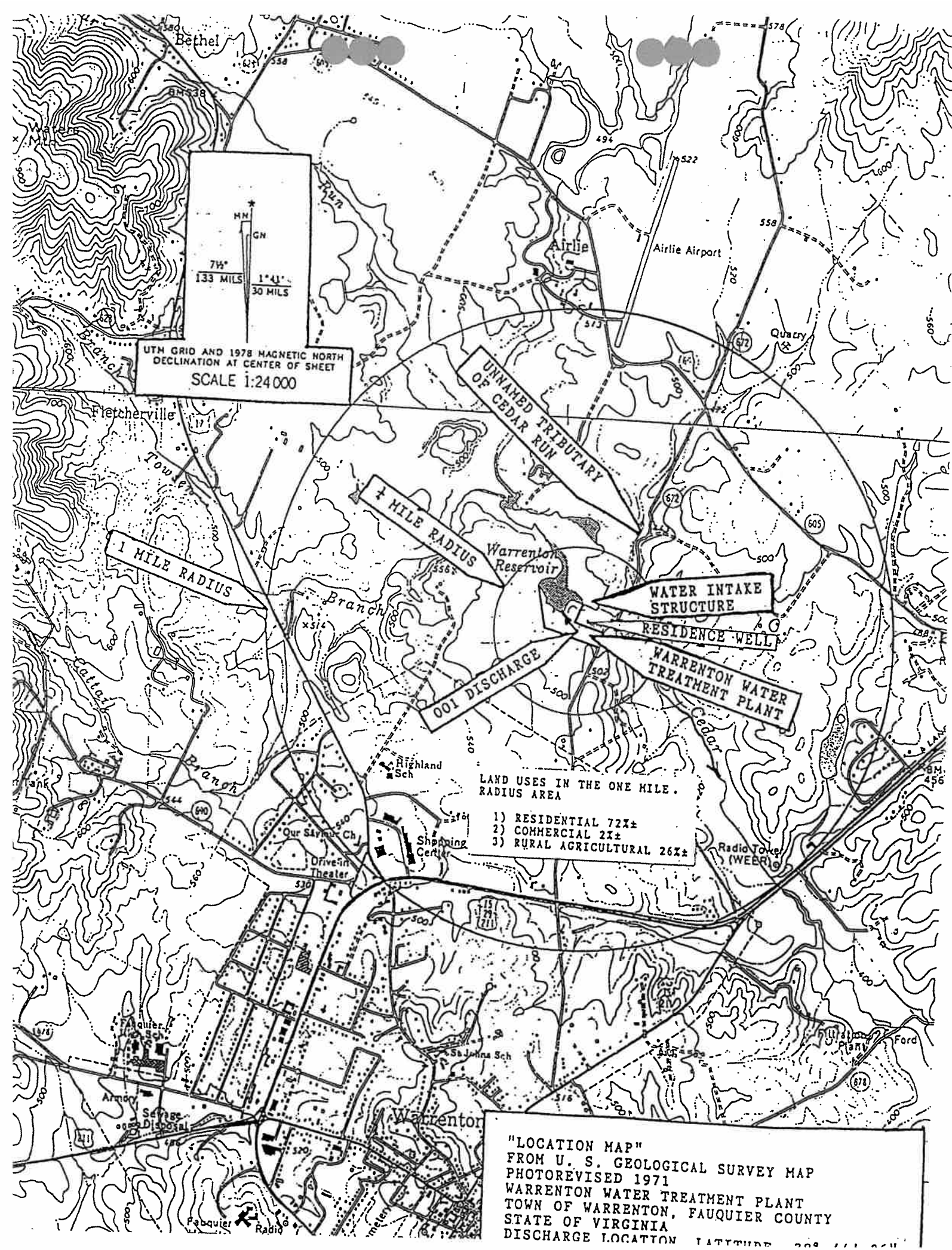
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Edward B. Tucker, Jr. , Director of Public Works and Utilities

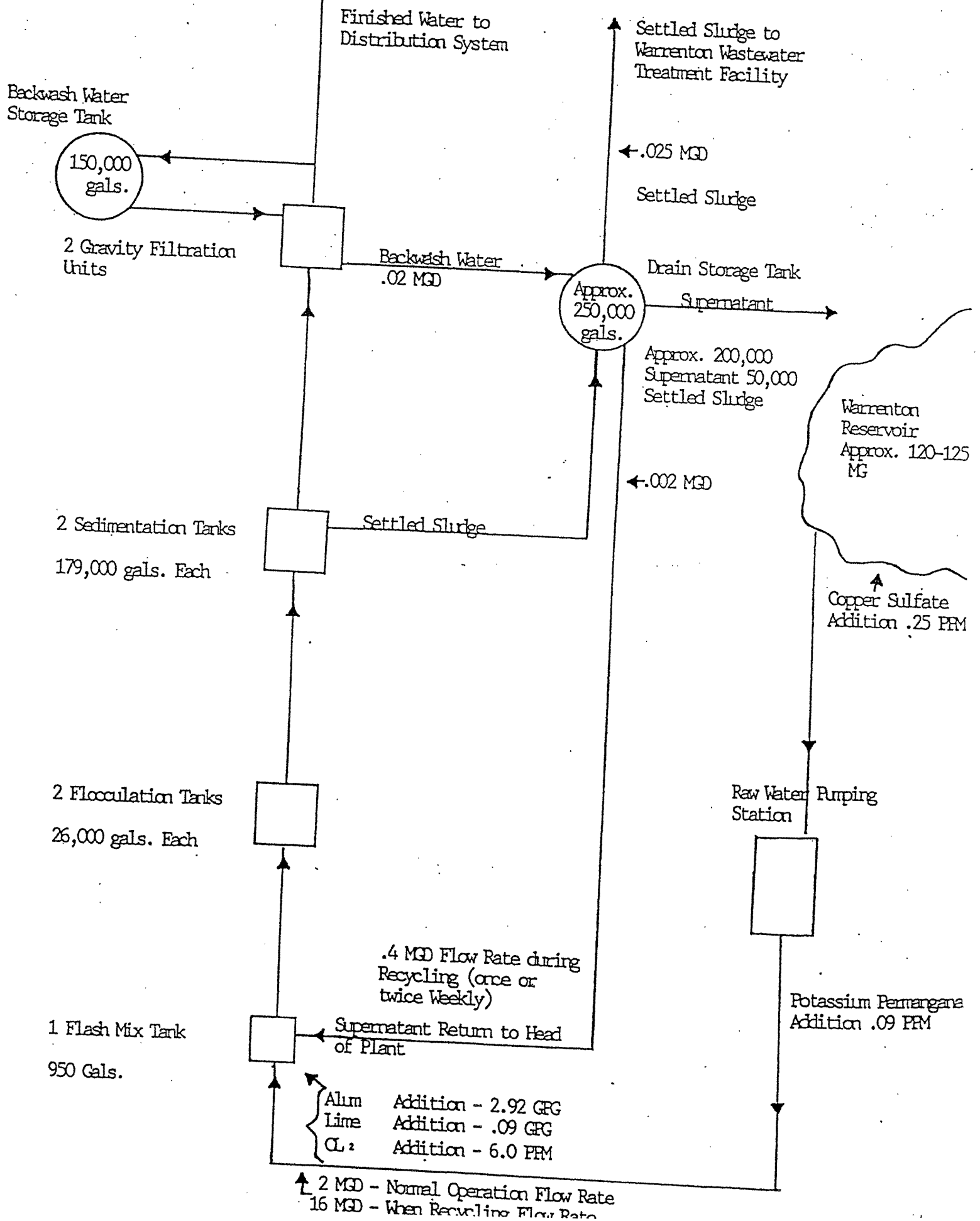
Signature  Date Signed 8/13/2018

Telephone number (540) 347-6574

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.



WARRENTON WATER FILTRATION PLANT



FACILITY NAME: Town of [REDACTED]

VPDES PERMIT NUMBER: VA0058793

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: _____ dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

- a. Facility name: _____
- b. Contact Person: _____
Title: _____
Phone: (_____) _____
- c. Mailing address: _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- d. Facility location: _____
(not P.O. Box) _____
- e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
- f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
_____ Class A _____ Class B _____ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: _____

- c. Which vector attraction reduction option is met for the sewage sludge at your facility?
_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown
- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: _____

- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: _____

FACILITY NAME: Town of Haverhill

VPDES PERMIT NUMBER: VA0058793

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

_____ dry metric tons

- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

_____ Yes _____ No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons

- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: _____

- b. Facility contact: _____

Title: _____

Phone: (_____) _____

- c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

_____ dry metric tons

- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number: _____ Type of Permit: _____

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?

_____ Yes _____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

_____ Class A _____ Class B _____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _____ Yes _____ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)

_____ Option 2 (Anaerobic process, with bench-scale demonstration)

FACILITY NAME: Town of W

VPDES PERMIT NUMBER: VA0058793

- ☐ Option 3 (Aerobic process, with bench-scale demonstration)
- ☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- ☐ Option 5 (Aerobic processes plus raised temperature)
- ☐ Option 6 (Raise pH to 12 and retain at 11.5)
- ☐ Option 7 (75 percent solids with no unstabilized solids)
- ☐ Option 8 (90 percent solids with unstabilized solids)
- ☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: _____

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
☐ Yes ☐ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: _____

- i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No
- If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☐ Yes ☐ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:
_____ dry metric tons

- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Site Owner _____ Site operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: _____ Type of Permit: _____

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Incinerator Owner _____ Incinerator Operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

FACILITY NAME: Town of W

VPDES PERMIT NUMBER: VA0058793

of sewage sludge at this incinerator:

Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: _____

b. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Landfill Owner _____ Landfill Operator

c. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Landfill location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:

_____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number: _____ Type of Permit: _____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?

_____ Yes _____ No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _____ Yes _____ No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _____ Yes _____ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.

- a. Site name or number: _____
- b. Site location (Complete i and ii)
- i. Street or Route#: _____
County: _____
City or Town: _____ State: _____ Zip: _____
- ii. Latitude: _____ Longitude: _____
Method of latitude/longitude determination
____ USGS map _____ Filed survey _____ Other _____
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.

- a. Are you the owner of this land application site? _____ Yes _____ No
- b. If "No", provide the following information about the owner:
Name: _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
Phone: (_____) _____

3. Applier Information:

- a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?
_____ Yes _____ No
- b. If "No", provide the following information for the person who applies the sewage sludge:
Name: _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
Phone: (_____) _____
- c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:
Permit Number: _____ Type of Permit: _____

4. Site Type. Identify the type of land application site from among the following:

- _____ Agricultural land _____ Reclamation site _____ Forest
_____ Public contact site _____ Other (describe _____)

5. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
_____ Yes _____ No If "Yes", answer a and b.

FACILITY NAME: Town of W

VPDES PERMIT NUMBER: VA0058793

- a. Indicate which vector attraction reduction option is met:
____ Option 9 (Injection below land surface)
____ Option 10 (Incorporation into soil within 6 hours)
- b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:
- _____
- _____

6. Cumulative Loadings and Remaining Allotments.

(Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.)

- a. Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? ____ Yes ____ No

If "No", sewage sludge subject to the CPLRs may not be applied to this site.

If "Yes", provide the following information:

Permitting authority: _____

Contact person: _____

Phone: (_____) _____

- b. Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? ____ Yes ____ No If "No", skip the rest of Question 6. If "Yes", answer questions c - e.

- c. Site size, in hectares: _____ (one hectare = 2.471 acres)

- d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name: _____

Facility contact: _____

Title: _____

Phone: (_____) _____

Mailing address.

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- e. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

	Cumulative loading	Allotment remaining
Arsenic	_____	_____
Cadmium	_____	_____
Copper	_____	_____
Lead	_____	_____
Mercury	_____	_____
Nickel	_____	_____
Selenium	_____	_____
Zinc	_____	_____

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

PCBs (mg/kg)	_____
pH (S. U.)	_____
Percent Solids (%)	_____
Ammonium Nitrogen (mg/kg)	_____
Nitrate Nitrogen (mg/kg)	_____
Total Kjeldahl Nitrogen (mg/kg)	_____
Total Phosphorus (mg/kg)	_____
Total Potassium (mg/kg)	_____
Alkalinity as CaCO ₃ * (mg/kg)	_____

* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO₃.

8. Storage Requirements.

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

- a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
 - 1) Water wells, abandoned or operating
 - 2) Surface waters
 - 3) Springs
 - 4) Public water supply(s)
 - 5) Sinkholes
 - 6) Underground and/or surface mines
 - 7) Mine pool (or other) surface water discharge points
 - 8) Mining spoil piles and mine dumps
 - 9) Quarry(s)
 - 10) Sand and gravel pits
 - 11) Gas and oil wells
 - 12) Diversion ditch(s)
 - 13) Agricultural drainage ditch(s)
 - 14) Occupied dwellings, including industrial and commercial establishments
 - 15) Landfills or dumps
 - 16) Other unlined impoundments
 - 17) Septic tanks and drainfields
 - 18) Injection wells
 - 19) Rock outcrops
- b. A topographic map of sufficient detail to clearly show the following information:
 - 1) Maximum and minimum percent slopes
 - 2) Depressions on the site that may collect water
 - 3) Drainageways that may attribute to rainfall run-on to or runoff from this site
 - 4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding
- c. Data and specifications for the storage facility lining material.
- d. Plan and cross-sectional views of the storage facility.
- e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings

FACILITY NAME: Town of [redacted]

VPDES PERMIT NUMBER: VA0058793

(CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. **Landowner Agreement Forms.** Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

11. **Ground Water Monitoring.**

Are any ground water monitoring data available for this land application site? Yes No

If "Yes", submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. **Land Application Site Information.**

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

- a. Provide a general location map for each county which clearly indicates the location of all the land application sites.
- b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.
- c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U.S. Fish and Wildlife Service
Virginia Field Office
P.O. Box 480
White Marsh, VA 23183
TEL: (804) 693-6694

Provide a copy of the notification letter with this application form.

- d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)

Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

- 1) Soil symbol
- 2) Soil series, textural phase and slope range
- 3) Depth to seasonal high water table
- 4) Depth to bedrock
- 5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

- e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:

- 1) Soil symbol
- 2) Soil series, textural phase and slope range
- 3) Depth to seasonal high water table
- 4) Depth to bedrock
- 5) Estimated soil productivity group (for the proposed crop rotation)

- f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)

Soil pH (std. units)

FACILITY NAME: Town of Warrenton

VPDES PERMIT NUMBER: VA0058793

Cation Exchange Capacity (meq/100g)

Total Nitrogen (ppm)

Organic Nitrogen (ppm)

Ammonia Nitrogen (ppm)

Nitrate Nitrogen (ppm)

Available Phosphorus (ppm)

Exchangeable Potassium (mg/100g)

Exchangeable Sodium (mg/100g)

Exchangeable Calcium (mg/100g)

Exchangeable Magnesium (mg/100g)

Arsenic (ppm)

Cadmium (ppm)

Copper (ppm)

Lead (ppm)

Mercury (ppm)

Molybdenum (ppm)

Nickel (ppm)

Selenium (ppm)

Zinc (ppm)

Manganese (ppm)

Particle Size Analysis or USDA Textural Estimate (%)

- g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

SEWAGE SLUDGE APPLICATION AGREEMENT

This sewage sludge application agreement is made on this date _____ between _____, referred to here as "landowner", and _____, referred to here as the "Permittee".

Landowner is the owner of agricultural land shown on the map attached as Exhibit A and designated there as _____ ("landowner's land"). Permittee agrees to apply and landowner agrees to comply with certain permit requirements following application of sewage sludge on landowner's land in amounts and in a manner authorized by VPDES permit number _____ which is held by the Permittee.

Landowner acknowledges that the appropriate application of sewage sludge will be beneficial in providing fertilizer and soil conditioning to the property. Moreover, landowner acknowledges having been expressly advised that, in order to protect public health, the following site restrictions must be adhered to when sewage sludge receives Class B treatment for pathogen reduction:

1. Food crops with harvested parts that touch the sewage sludge/soil mixture and are totally above the land surface shall not be harvested for 14 months after application of sewage sludge;
2. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of sewage sludge when the sewage sludge remains on the land surface for four months or longer prior to incorporation into the soil;
3. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of sewage sludge when the sewage sludge remains on the land surface for less than four months prior to incorporation into the soil;
4. Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of sewage sludge;
5. Animals shall not be grazed on the land for 30 days after application of sewage sludge;
6. Turf grown on land where sewage sludge is applied shall not be harvested for one year after application of the sewage sludge when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the State Water Control Board;
7. Public access to land with a high potential for public exposure shall be restricted for one year after application of sewage sludge;
8. Public access to land with a low potential for public exposure shall be restricted for 30 days after application of sewage sludge.
9. Tobacco, because it has been shown to accumulate cadmium, should not be grown on landowner's land for three years following the application of sewage sludge borne cadmium equal to or exceeding 0.5 kilograms/hectare (0.45 pounds/acre).

Permittee agrees to notify landowner or landowner's designee of the proposed schedule for sewage sludge application and specifically prior to any particular application to landowner's land. This agreement may be terminated by either party upon written notice to the address specified below.

Landowner:

Permittee:

Signature_____
Signature_____
Mailing Address_____
Mailing Address

SECTION D. SURFACE DISPOSAL

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. Information on Active Sewage Sludge Units.

- a. Unit name or number: _____
- b. Unit location
- i. Street or Route#: _____
County: _____
City or Town: _____ State: _____ Zip: _____
- ii. Latitude: _____ Longitude: _____
Method of latitude/longitude determination
____ USGS map ____ Filed survey ____ Other
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
- d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:
_____ dry metric tons.
- e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:
_____ dry metric tons.
- f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1×10^{-7} cm/sec?
____ Yes ____ No If "Yes", describe the liner or attach a description.

- g. Does the active sewage sludge unit have a leachate collection system? ____ Yes ____ No
If "Yes", describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:

- h. If you answered "No" to either f or g, answer the following:
Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ____ Yes ____ No If "Yes", provide the actual distance in meters: _____
- i. Remaining capacity of active sewage sludge unit, in dry metric tons: _____ dry metric tons
Anticipated closure date for active sewage sludge unit, if known: _____ (MM/DD/YYYY)
Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

2. Sewage Sludge from Other Facilities.

Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? ____ Yes ____ No

If "Yes", provide the following information for each such facility, attach additional sheets as necessary.

- a. Facility name: _____
- b. Facility contact: _____
Title: _____
Phone: (_____) _____
- c. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____

FACILITY NAME: Town of W

VPDES PERMIT NUMBER: VA0058793

- d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:

Permit Number:

Type of Permit:

- e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
____ Class A ____ Class B ____ Neither or unknown

- f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge: _____

- g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?

____ Option 1 (Minimum 38 percent reduction in volatile solids)

____ Option 2 (Anaerobic process, with bench-scale demonstration)

____ Option 3 (Aerobic process, with bench-scale demonstration)

____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

____ Option 5 (Aerobic processes plus raised temperature)

____ Option 6 (Raise pH to 12 and retain at 11.5)

____ Option 7 (75 percent solids with no unstabilized solids)

____ Option 8 (90 percent solids with unstabilized solids)

____ None or unknown

- h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge: _____

- i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above: _____

3. Vector Attraction Reduction.

- a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

____ Option 9 (Injection below land surface)

____ Option 10 (Incorporation into soil within 6 hours)

____ Option 11 (Covering active sewage sludge unit daily)

- b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge: _____

4. Ground Water Monitoring.

- a. Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? ____ Yes ____ No

If "Yes", provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these

FACILITY NAME: Town of Warrenton

VPDES PERMIT NUMBER: VA0058793

data.

- b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
_____ Yes _____ No If "Yes", submit a copy of the ground water monitoring program with this application.
- c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? _____ Yes _____ No
If "Yes", submit a copy of the certification with this application.

5. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
_____ Yes _____ No If "Yes", submit information to support the request for site-specific pollutant limits with this application.